

PART III.—Complete This Part Only if the Request is for Approval of a Collection of Information Under the Paperwork Reduction Act and 5 CFR 1320.

13. Abstract—Describe needs, uses and affected public in 50 words or less

This generic letter to nuclear power facilities requests the estimated number of candidates and dates for operator licensing examinations, and the anticipated dates for requalification examinations. Information is requested for four fiscal years, commencing with the present. Information will be used to plan budgets and resources in operator examination scheduling.

14. Type of information collection (check only one)

Information collections not contained in rules

1 ☒ Regular submission

2 ☐ Emergency submission (certification attached)

Information collections contained in rules

3 ☐ Existing regulation (no change proposed)

5 Final or interim final without prior NPRM

4 ☐ Notice of proposed rulemaking (NPRM)

A ☐ Regular submission

5 ☐ Final, NPRM was previously published

B ☐ Emergency submission (certification attached)

7. Enter date of expected or actual Federal

Register publication at this stage of rulemaking

(month, day, year) _____

15. Type of review requested (check only one)

1 ☒ New collection

2 ☐ Revision of a currently approved collection

3 ☐ Extension of the expiration date of a currently approved collection without any change in the substance or in the method of collection

4 ☐ Reinstatement of a previously approved collection for which approval has expired

5 ☐ Existing collection in use without an OMB control number

16. Agency report form number(s) (include standard/optional form number(s))

None

22. Purpose of information collection (check as many as apply)

1 ☐ Application for benefits

2 ☐ Program evaluation

3 ☐ General purpose statistics

4 ☐ Regulatory or compliance

5 ☒ Program planning or management

6 ☐ Research

7 ☐ Audit

17. Annual reporting or disclosure burden

1 Number of respondents

88

2 Number of responses per respondent

1

3 Total annual responses (line 1 times line 2)

88

4 Hours per response

2

5 Total hours (line 3 times line 4)

176

18. Annual recordkeeping burden

1 Number of recordkeepers

2 Annual hours per recordkeeper

3 Total recordkeeping hours (line 1 times line 2)

0

4 Recordkeeping retention period

years

19. Total annual burden

1 Requested (line 17-5 plus line 18-3)

176

2 In current OMB inventory

0

3 Difference (line 1 less line 2)

+ 176

Explanation of difference

4 Program change

+ 176

5 Adjustment

23. Frequency of recordkeeping or reporting (check all that apply)

1 ☐ Recordkeeping

Reporting

2 ☐ On occasion

3 ☐ Weekly

4 ☐ Monthly

5 ☐ Quarterly

6 ☐ Semi-annually

7 ☒ Annually

8 ☐ Biennially

9 ☐ Other (describe): _____

20. Current (most recent) OMB control number or comment number

21. Requested expiration date

October 31, 1988

24. Respondents' obligation to comply (check the strongest obligation that applies)

1 ☒ Voluntary

2 ☐ Required to obtain or retain a benefit

3 ☐ Mandatory

25. Are the respondents primarily educational agencies or institutions or is the primary purpose of the collection related to Federal education programs? ☐ Yes ☒ No

26. Does the agency use sampling to select respondents or does the agency recommend or prescribe the use of sampling or statistical analysis by respondents? ☐ Yes ☒ No

27. Regulatory authority for the information collection

CFR _____

; or

FR _____

or, Other (specify): _____

Paperwork Certification

In submitting this request for OMB approval, the agency head, the senior official or an authorized representative, certifies that the requirements of 5 CFR 1320, the Privacy Act, statistical standards or directives, and any other applicable information policy directives have been complied with.

Signature of program official

Date

Signature of agency head, the senior official or an authorized representative

Date

Patricia G. Norry, Director, Office of Administration

8/12/85

Request for OMB Review

Important

Read instructions before completing form. Do not use the same SF 83 to request both an Executive Order 12291 review and approval under the Paperwork Reduction Act.

Answer all questions in Part I. If this request is for review under E.O. 12291, complete Part II and sign the regulatory certification. If this request is for approval under the Paperwork Reduction Act and 5 CFR 1320, skip Part II, complete Part III and sign the paperwork certification.

Send three copies of this form, the material to be reviewed, and for paperwork—three copies of the supporting statement, to

Office of Information and Regulatory Affairs
Office of Management and Budget
Attention: Docket Library, Room 3201
Washington, DC 20503

PART I.—Complete This Part for All Requests.

1. Department/agency and Bureau/office originating request

U.S. Nuclear Regulatory Commission
Office of Nuclear Reactor Regulation
Division of Human Factors Safety

2. Agency code

3 1 5 0

3. Name of person who can best answer questions regarding this request

Telephone number

4. Title of information collection or rulemaking

Generic Letter to Collect Operator Licensing Examination Data

5. Legal authority for information collection or rule (cite United States Code, Public Law, or Executive Order)

USC

or Atomic Energy Act of 1954, as amended

6. Affected public (check all that apply)

1 ☐ Individuals or households

3 ☐ Farms

5 ☐ Federal agencies or employees

2 ☐ State or local governments

4 ☒ Businesses or other for-profit

6 ☐ Non-profit institutions

7 ☐ Small businesses or organizations

PART II.—Complete This Part Only if the Request is for OMB Review Under Executive Order 12291

7. Regulation Identifier Number (RIN)

or None assigned ☐

8. Type of submission (check one in each category)

Classification

1 ☐ Major

2 ☐ Nonmajor

Stage of development

1 ☐ Proposed or draft

2 ☐ Final or interim final, with prior proposal

3 ☐ Final or interim final, without prior proposal

Type of review requested

1 ☐ Standard

2 ☐ Pending

3 ☐ Emergency

4 ☐ Statutory or judicial deadline

9. CFR section affected

CFR

10. Does this regulation contain reporting or recordkeeping requirements that require OMB approval under the Paperwork Reduction Act and 5 CFR 1320?

☐ Yes ☐ No

11. If a major rule, is there a regulatory impact analysis attached?

1 ☐ Yes 2 ☐ No

If "No," did OMB waive the analysis?

3 ☐ Yes 4 ☐ No

Certification for Regulatory Submissions

In submitting this request for OMB review, the authorized regulatory contact and the program official certify that the requirements of E.O. 12291 and any applicable policy directives have been complied with.

Signature of program official

Date

Signature of authorized regulatory contact

Date

12. (OMB use only)

SUPPORTING STATEMENT

FOR

Generic Letter to Collect Operator Licensing Examination Data

1. JUSTIFICATION

a. Need for the Information Collection

The Code of Federal Regulations, 10 CFR 50.54 requires that all manipulations of controls of any facility be performed only by a licensed reactor operator, licensed senior reactor operator or a trainee under the direct supervision of a licensed reactor operator or a licensed senior reactor operator. The licensing of reactor operators or senior reactor operators is performed by the NRC in accordance with the requirements of 10 CFR 55. In order to meet the needs of the nuclear industry for licensed reactor operators and senior reactor operators, this letter requests all commercial power facilities to send us their projected (estimated) number of candidates for reactor operator, senior reactor operator and instructor certification examinations, the proposed date for examinations for the present fiscal year and each of three upcoming fiscal years. This letter also requests the anticipated dates for requalification examinations.

b. Practical Utility of the Information

This information is used by the NRC to plan budgets and resources in regards to operator examination scheduling to meet the needs of the nuclear industry.

c. Duplication with Other Collection of Information

This information does not duplicate or overlap information collections by the NRC or other Government Agencies.

d. Consultations Outside the NRC

There were no consultations outside of NRC.

2. DESCRIPTION OF THE INFORMATION COLLECTION

a. Number and Type of Respondents

Approximately 88 facility organizations will be requested to submit information. This number accounts for multiple unit plants and similar/dissimilar units at a single site.

b. Reasonableness of the Schedule for Collecting Information

This information has to be collected and reviewed annually in order to accurately forecast examination needs.

c. Method of Collecting the Information

Since all the requested information is part of basic planning for the facility, the regulatory objectives should be achieved with a minimum burden on the licensee. The information would be requested by a letter similar to the enclosed sample letter, which would be sent annually.

d. Record Retention Period

No records need to be retained by the facilities.

e. Reporting Period

The information will be submitted by each facility to the NRC on an annual basis.

f. Copies Required to be Submitted

A minimum of two copies is required. A copy should be sent to the Chief, Operator Licensing Branch (Headquarters) with a courtesy copy to the appropriate Regional Office.

3. ESTIMATE OF BURDEN

a. Estimated Hours Required to Respond to the Collection

Approximately 176 hours would be required to collect, type and reproduce the material requested.

2 hours/respondent X 88 respondents = 176 hours annually

b. Estimated Cost Required to Respond to the Collection

Approximately \$10,560 annually is the cost to the facilities to respond.

176 hours X \$60/hour = \$10,560 annually

c. Source of Burden Data and Method for Estimating Burden

This is based on previous experience with similar material submitted by facility personnel.

4. ESTIMATE OF COST TO THE FEDERAL GOVERNMENT

Approximately 1½ hours per respondent will be spent by NRC personnel in using this material. There will be no mailing lists or publication of this information. The information gathered by this letter will be placed into a form format and then used for planning budgets and resources for NRC Operator Licensing functions.

88 responses X 1.5 hours/response X \$60/hour = \$7,920 annually.

Enclosure:
Sample Generic Letter

TO ALL POWER REACTOR LICENSEES AND APPLICANTS FOR AN OPERATING LICENSE

Gentlemen:

Subject: Operator Licensing Examination (Generic Letter _____)

This letter is to request your best estimate of your need for operator licensing examinations for fiscal years FY _____, FY _____, FY _____ and FY _____ (October 1 to September 30 of each year). This information is needed to update the schedules you provided in response to Generic Letter _____. We are also requesting that you provide requalification examination schedules for this same time period. Please identify the dates you have scheduled your requalification examination and your anticipated requests for licensing examination site visits and the number of examinations for each visit.

Your best estimates are needed to plan for NRC resources to meet your operator licensing needs. Please be aware that in response to budget reductions the NRC has resources for only two visits to each site per year for administering licensing examinations. To meet this goal in FY _____ and beyond, the regional offices may be required to redistribute the requested facility operator examination visits across the entire fiscal year to even out the examination workload and eliminate high demand periods. Therefore, your submittal of this schedule does not guarantee the number or date of examinations requested. However, an accurate estimate of the need for examinations will allow us to propose budget modifications, if necessary. You should also keep us informed of significant changes in your estimates as they occur, so that we can keep our data base current.

Your schedules, in the enclosed suggested format, should be returned to Mr. _____, Chief, Operator Licensing Branch, AR-5221, Washington, DC 20555, with a courtesy copy to the appropriate Regional Administrator by _____. We appreciate your assistance. If you have any questions concerning this request or your response, please call Mr. _____, Chief, Operator Licensing Branch, at (301) 492-4868.

This request was approved by the Office of Management and Budget under clearance number 3150-_____ which expires _____. Comments on burden and duplication may be directed to the Office of Management and Budget, Reports Management, Room 3208, New Executive Office Building, Washington, D.C. 20503.

Sincerely,

Division of Licensing
Office of Nuclear Reactor Regulation

Enclosures:

1. Operating Licensing Examination
Schedule
2. Requalification Examination
Schedule

OPERATOR LICENSING EXAMINATION SCHEDULE

Facility _____		NRC Region _____	
FY _____	FY _____	FY _____	FY _____
1. Date _____	Date _____	Date _____	Date _____
#RO _____	_____	_____	_____
#SRO _____	_____	_____	_____
#SRO Upgrade _____	_____	_____	_____
#Instructor Certification _____	_____	_____	_____
#SRO Limited to Fuel Handling _____	_____	_____	_____
2. Date _____	Date _____	Date _____	Date _____
#RO _____	_____	_____	_____
#SRO _____	_____	_____	_____
#SRO Upgrade _____	_____	_____	_____
#Instructor Certification _____	_____	_____	_____
#SRO Limited to Fuel Handling _____	_____	_____	_____
3. Date _____	Date _____	Date _____	Date _____
#RO _____	_____	_____	_____
#SRO _____	_____	_____	_____
#SRO Upgrade _____	_____	_____	_____
#Instructor Certification _____	_____	_____	_____
#SRO Limited to Fuel Handling _____	_____	_____	_____

Please indicate initial cold license examinations by placing an asterisk (*) by the date. Please indicate examinations intended to extend an operator's license to a second or subsequent unit with two asterisks (**) (e.g., Unit One is in operation and Unit Two is approaching fuel load). Three RO candidates with no previous license are to be examined on both Units One and Two and five RO candidates with licenses on Unit One are to be examined to extend their licenses to Unit Two. Indicate (2/15/85, RO 3,5**).

REQUALIFICATION EXAMINATION SCHEDULE

Facility _____

NRC Region _____

FY _____

FY _____

FY _____

FY _____

1. Date _____

Date _____

Date _____

Date _____

2. Date _____

Date _____

Date _____

Date _____

3. Date _____

Date _____

Date _____

Date _____

4. Date _____

Date _____

Date _____

Date _____